

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34641

1. PLACE OF DEATH

County.....
Township.....
City *H. Lewis* (No. *Deaconess Hospital*)

Registration District No. *781*
Primary Registration District No. *783*

File No.
Registered No. *8801* St. Ward

2. FULL NAME

Caroline Briggs Field
(a) Residence, No. *3028 Pine St.* *10* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles Field*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 28, 1844*

7. AGE YEARS *88* MONTHS *10* DAYS *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Michigan*

13. NAME *A. Richmond*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Vermont*

15. MAIDEN NAME *Caroline Cook*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Vermont*

17. INFORMANT *Mrs. Grace Keck* (ADDRESS) *3028 Pine St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellfontaine* DATE *10-11-33*

19. UNDERTAKER *Crombly and Co* (ADDRESS) *3710 N. Grand Blvd.*

20. FILED *661 10 1933* *J. Theodor* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 10, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 20*, 1933, to *October 10*, 1933. I last saw him alive on *October 10*, 1933. Death is said to have occurred on the date stated above, at *8:45* p.m. The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia. *186A*
194B
111B
Other contributory causes of importance: *Fracture Rt Femur.* *Sept 20, 1933.*

Name of operation *None* Date of What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident.* Date of injury *Sept 20, 1933.* Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. *at Home - Fall on floor - Fract Femur.* Manner of injury *Fract Femur in Fall at Home* Nature of injury *Fract Femur.*

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify (Signed) *Scott Hauer* M. D. (Address) *1106 W. 6th St. St. Louis, Mo.*

Dr. Haver
Mo. Hedy. - 1-2